

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Diana Zanini

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Art Unit: 1616

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Examiner: F.I. Choi

For : ANTIMICROBIAL CONTACT LENSES AND METHODS FOR THEIR  
PRODUCTION

I hereby certify that this correspondence is being transmitted via  
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February 21, 2008  
(Date of Deposit)

Linda K. Shutterly  
(Name of applicant, assignee, or Registered Representative)

Linda Shutterly  
(Signature)

February 21, 2008  
(Date of Signature)

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Dear Sir:

This copy is supplemental to the Information Disclosure Statement mailed on July 24, 2007.

Pursuant to 37 C.F.R. §1.56 and in accordance with 37 C.F.R. §§1.97-1.98, information relating to the above-identified application is hereby disclosed. Inclusion of information in this statement is not to be construed as an admission that this information is material as that term is defined in 37 C.F.R. §1.56(b).

Applicant(s) reserve(s) the right to establish the patentability of the claimed invention over any of the information provided herewith, and/or to prove that this

information may not be prior art, and/or to prove that this information may not be enabling for the teachings purportedly offered.

This statement should not be construed as a representation that a search has been made, or that information more material to the examination of the present patent application does not exist.

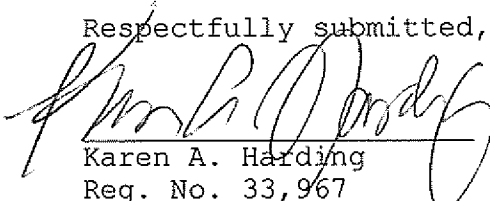
☒ In accordance with §1.97(c), this Information Disclosure Statement is being filed after the period set forth in §1.97(b) above but before the mailing date of either a Final Action under §1.113 or a Notice of Allowance under §1.311, or an action that otherwise closes prosecution and that it is accompanied by one of:

- ☒ Statement in Accordance with §1.97(e) (attached); or
- ☐ Please charge Deposit Account No. 10-0750/ / the fee of \$180.00 as set forth in §1.17(p).

☒ Copies of only foreign patent documents and non-patent literature are enclosed in accordance with 37 CFR 1.98 (a)(2).

Please charge any deficiency or credit any overpayment to Deposit Account No. 10-0750/VTN0568USNP/KAH. This form is submitted in triplicate.

Respectfully submitted,

  
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DATED: Feb 21, 2008